FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

THE ELEBASH COMPANY

FILED Apr 09 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address						
1300 CORPOR	NATE CENTER WAY	1300 CORPORATE CENTER WAY			ļ				
SUITE 105 B		SUITE 105 B				DO NOT WRITE IN THIS SPACE			
W. PALM BCH FL 33414		W PALM BEACH FL 33414 US			-	3. Date Incorporated or Qualified			
US		US				09/04/1979			ļ
2. Principal Pl	ace of Business	2a, Mailing Address			1	4. FEI Number	•	Ар	plied For
21		26			1	59-1939395		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				- Conflict of Chatter Desired		8.75	dditional
22		27				Certificate of Status Desired	LJ.	Fee Re	quired
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	o Fees
• Zip	Country	Zip	Cou	Country		8. This corporation owes or has pa	id the curren	year Inte	angible
24	25	29	30			Personal Property Tax due June			No
	9. Name and Address of Curren	t Registered Agent			1	10. Name and Address of New Re	gistered Age	nt	
ELE	BASH, PETER H.			81 Na	ame				
	O CORPORATE CENTERWAY		82 Street Ac			ddress (P.O. Box Number is Not Acceptable)			
	TE 105 B		Street A			(F.O. BOX NOTIDE) IS NOT Acceptain	310)		
	PALM BCH FL 33414		83			,			
•••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			64 67	14 .			5 Zip (Sodo
				B4 Ci	ity		⊢ FL i'	15 Zip (Jode
11 Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Sta	tutes, the al	oove-nai	med corpora	tion submits this statement for the	ourpose of ch	anging it	s registered
office or r	to the provisions of Sections 607.050 egistered agont, or both, in the State in familiar with, and accept the obliga	of Florida, Such change wa	as authorized	d by the	e corporation	's board of directors. I hereby acce	pt the appoin	tment as	registered
	m ramiliar with, and accept the obliga	aligns of, Section 607.0505	FIORIDA SIAL	utes.					
SIGNATURE	Signature, typed or prehod name of registered age	nt and title if applicable	NOTE: Registered	d Agent sig	gnature required w	when reinstating)	DATE	• • • • • • • • • • • • • • • • • • • •	
12.	OFFICERS ANI		13.		· · ·	ADDITIONS/CHANGES TO OFFIC	CERS AND D	RECTOR	IS IN 12
TITLE	PD	DELETE	1.1 79	TLE				Change	Addition
NAME	ELEBASH, PETER H		1,2 NJ	AME	l				
STREET ADDRESS	1300 CORPORATE CENTER	WAY	1.3 STREET ADDRESS		RESS				
CITY-ST-ZIP	W PALM BCH, FL		140	TY-ST-ZIP	p				
TITLE		DELETE	2.1 Tr					Change	Addition
NAME			2.2 N		l				
STREET ADDRESS				REET ADDR	BESS				
-				:ITY-\$1-ZI					
CITY-ST-ZIP TITLE		DELETE	3.1 TI		"			Change	Addition
NAME			3.2 N					-	
				TREET ADDE	DECC				
STREET ADDRESS									
CITY-ST-ZIP		DELETE	3.4. C	ITY-ST-ZII	ır		··	Change	Addition
TITLE		- Otter					_	, 51,61,95	
NAME			4.2 N	-	NREGO				1
STREET ADDRESS				TREET ADD					
CITY-ST-ZIP		T or ere		ITY - ST - ZIP	P			Change	Addition
TITLE		☐ DELETE	5.1 Ti				L	i circinge	LJ AUGUUN
NAME			5.2 N						
STREET ADDRESS				TREET ADD	1				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		ITY-ST-ZIF	IP			106-	1.4.200
TITLE		☐ DELETE	61 T	TLE			L	Change	
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	TREET ADDI	DRESS				
CITY-ST-7IP			6.4 C	ITY-ST-ZIF	IP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Peter H. Elebash